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THE INFLUENCE OF BREASTFEEDING SUPPORT GROUP ON THE ATTITUDES AND BEHAVIOR OF BREASTFEEDING MOTHERS

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ABSTRACT
Breast milk is the best nutrition for babies aged 0-6 months. Breast milk is beneficial for the growth and development of children. Lack of knowledge of breastfeeding mothers and minimal support from the environment have resulted in the coverage of exclusive breastfeeding not reaching the target. The purpose of this study was to determine the effect of breastfeeding support groups on the attitudes and behavior of breastfeeding mothers .This study used a pre-experimental design of one group pretest and posttest. The sample was selected using non-probability sampling of the purposive sampling type. The number of samples was 34 breastfeeding mothers in the working area of the Sako Palembang Health Center. Data collection used a questionnaire that had been tested for validity with an r table value of 0,361 and Cronbach Alpha reliability> 0.60. Data analysis used the Mc Nemar test for attitudes and behavior. The results showed that there were differences in the attitudes and behavior of mothers before and after the intervention, p value 0.000 ($p < 0.05$). Breastfeeding support groups can be used as one solution in educating breastfeeding mothers.

Keywords: breastfeeding mothers; breastfeeding support group; exclusive breastfeeding

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INTRODUCTION

WHO has called for a policy for breastfeeding mothers to breastfeed their babies exclusively, that is, only breast milk is given until the age of 6 months and then continued until the age of 2 years and beyond. However, in reality, less than half of children worldwide are exclusively breastfed. Various factors can cause failure in providing exclusive breastfeeding, among them a lack of knowledge of mothers and minimal support from a good environment, family, cadres, and health workers. Information related to maternal preparation for breastfeeding baby Still considered unimportant. Breastfeeding is considered a skill that can be acquired by themselves without through the learning process. This results in the society/environment around mothers often neglecting the needs of breastfeeding mothers. Some research mentions that support public including Family and health workers support is related to the success of exclusive breastfeeding. Breastfeeding mothers who do not receive adequate support can lead to mothers becoming not enough to believe self in breastfeeding their baby's condition. Can be aggravated if the mother does not have good knowledge of breastfeeding the baby. The breastfeeding support group is a group breastfeeding support based on a support community-initiated in the framework of giving support and knowledge to breastfeeding mothers according to the needs and problems faced. This study aims to analyze the influence of breastfeeding support groups as an intervention strategy in creating an environment that supports mothers in breastfeeding the baby to attitudes and behavior of breastfeeding mothers.

METHOD

The research method used is quantitative using a research design, namely pre-experiment with a two-group pretest-posttest design. This study has passed the ethical test stage of the Medical

and Health Research Ethics Committee of the Faculty of Medicine, Sriwijaya University. The population in the study were breastfeeding mothers in the work area. Sako Health Center Palembang . Sampling in this study used probability sampling.The sampling technique used was simple random sampling. With the criteria of living in the work area Sako Health Center and willing become respondents.Data collection in this study was obtained from the results of filling out the questionnaire by breastfeeding mothers. The questionnaire contains 20 questions regarding the attitudes and behavior of breastfeeding mothers that had been tested for validity with a calculated r value > r table (r table 0,361) and Cronbach Alpha reliability > 0.60. Data analysis used in this study was McNemar, which was used to determine differences in attitudes and behavior before and after being given a breastfeeding support group intervention.

RESULT

Table 1
Respondent Characteristics (n=34)

Respondent Characteristics	f	%
Age		
Late adolescence (17-25 years)	4	11,8
Early adulthood (26-35 years)	20	58,8
Late adulthood (36-45 years)	10	29,4
Total	34	100
Education		
Elementary School	8	23,5
Junior High School	1	2,9
Senior High School	22	64,7
Bachelor	3	8,8
Work		
Doesn't work	29	85,3
Work	5	14,7
Total	34	100

Table 2
Frequency Distribution of Attitudes Before and After *Breastfeeding Support Group* (n=34)

Attitude	Pre-test		Post-test	
	f	%	f	%
Positive	18	52,9	34	100
Negative	16	47,1	0	0
Total	34	100	34	100

Table 3
Frequency Distribution of Behavior Before and After *Breastfeeding Support Group* (n=34)

Behavior	Pre-test		Post-test	
	f	%	f	%
Good	8	23,5	14	41,2
Not good	26	76,5	20	58,8
Total	34	100	34	100

Table 4
Differences in Attitude Before and After *Breastfeeding Support Group* (n=34)

		Attitude after breastfeeding support group				Total		P value
		Positive		Negative				
		f	%	f	%	f	%	
Attitude before breastfeeding support group	Positive	18	52,9	0	0	18	52,9	0,000
	Negative	16	47,1	0	0	16	47,1	
	Total	34	100	0	0	34	100	

Table 5
Differences in Behavior Before and After *Breastfeeding Support Group* (n=34)

		Behavior after breastfeeding support group				Total		P value
		Good		Not good				
		f	%	f	%	f	%	
Behavior before breastfeeding support group	Good	8	23,5	0	0	8	23,5	0,031
	Not good	6	17,6	20	58,8	26	76,5	
	Total	14	41,2	20	58,8	34	100	

DISCUSSION

Characteristics Respondents

Age

The results of the study showed that more than half of the respondents were in early adulthood (26-35 years), namely 20 respondents (58.8%). According to Notoatmodjo in Indriati and Ningsih in 2020, the older the age, the more experience and knowledge increase [9]. Age can affect a person's ability to understand and think, the older the age, the more the ability to understand and think, so that the knowledge gained is getting better [17]. In addition, age also affects a person's attitude. Knowledge is one of the factors that influence the formation of a person's attitude. Age can also affect a person's behavior because the transition of age ranges can affect the development of the mind [18].

Education

The results of the study showed that more than half of the respondents had a high school education (64.7%). According to Notoatmodjo in 2020 quoted by Susilawati et al., in 2022, the level of education is one of the factors that can influence knowledge [20] . Mothers who have a low educational background tend to have less knowledge and are slow to receive information. Conversely, the higher the mother's education, the easier it is to receive information so that mothers are aware of the importance of information and knowledge for mothers and their children[3]. Education is also related to a person's attitude. The higher a person's level of education, the higher the conscious ability they have, and this can underlie the mother's attitude in absorbing information. Attitudes are influenced by various factors including personal experience, the influence of other people who are considered important, the influence of culture, mass media, educational institutions, and religious institutions, and the influence of emotional factors. A person's attitude can change with the acquisition of additional information about a particular object [4]. In addition, education will also affect the mother's behavior. This is in line with the statement by Green quoted by Hanafi et al., in 2020 saying that a person's behavior can be influenced by age, parity, education, knowledge, work, mass media, family support, and health workers [6].

Work

The results of the study showed that most respondents were unemployed or housewives (85.3%). According to Notoatmodjo in 2003 in Indriati & Ningsih, in 2020, the knowledge of respondents who worked was better than that of those who did not work because working mothers had better access to various information including information about health [9] . This is in line with research conducted by Wawan and Dewi in 2010 quoted by Putra et al., in 2020 that another factor that can influence maternal knowledge is work [15]. Mothers who do not work have enough time to meet the nutritional needs of their children.

Problems Faced by Breastfeeding Mothers

Fulfillment of nutritional needs is essential for children. Parents as the most responsible party in fulfilling children's nutritional needs should try to provide the best for their children. However, in practice, many parents face problems in breastfeeding their babies. The results of the study showed that the problems often faced by mothers in breastfeeding their babies are Insufficient breast milk and sore nipples. According to WHO in 2012, insufficient breast milk can be caused by the baby's lack of frequency of breastfeeding [22]. This results in the hormone prolactin not being produced much. The hormone prolactin works if the mother often empties the breast. Emptying the breast is done by breastfeeding the baby directly or expressing. In working mothers, this is often an obstacle, the reasons given are because it is a hassle with the equipment needed if you have to express. Another reason is forgetting, even though the key to maintaining breast milk production is regularity in emptying the breasts. For housewives, the reason given is being busy with household chores so formula milk is an alternative. In addition to the problem of insufficient breast milk, another problem complained about is sore nipples. Sore nipples occur because of the incorrect attachment position when breastfeeding [22]. Breastfeeding attachment is how the baby's mouth attaches to the mother's breast. The baby breastfeeds by sucking the mother's breast, not the nipple. If the baby breastfeeds by sucking the nipple, it will result in sore nipples. Babies who suck the nipple cannot get maximum breast milk. If this is left untreated, it can cause the mother to feel uncomfortable or even traumatized and the baby will not get the breast milk he or she needs.

Analysis Results Univariate

Frequency Distribution Analysis of Attitudes Before and After Participating *in Breastfeeding Support Group*

The results of the univariate analysis of the *pretest data on* respondents' attitudes toward breastfeeding showed that 18 respondents (52.9%) had positive attitudes and 16 respondents (47.1%) had negative attitudes. The results of the *pretest questionnaire analysis*, out of 34 respondents, showed that 14 respondents did not agree with the statement "newborns need to be given early initiation of breastfeeding immediately after birth for at least 1 hour". This shows that mothers have not been able to respond well to the importance of early initiation of breastfeeding (IMD). Early initiation of breastfeeding is a breastfeeding behavior in infants that is carried out immediately after birth where the baby is allowed to find the mother's nipple independently which is carried out at least 1 hour after birth (Nababan et al., 2024). WHO and UNICEF recommend IMD for newborns to reduce 22% mortality in infants under 1 month of age, especially in developing countries. If IMD is not carried out immediately after birth, it can increase the risk of mortality by 33% higher than babies who are successfully breastfed immediately after birth 11. According to researchers, an explanation regarding the importance of IMD needs to be carried out to increase mothers' knowledge in forming a more positive attitude.

Pretest questionnaire analysis further showed that 21 respondents (61.8%) did not agree with the statement "providing additional food other than breast milk for babies under 6 months can

cause diarrhea". This shows that there are still mothers who have not been able to respond well to the impact of providing additional food other than breast milk and the mother's attitude towards exclusive breastfeeding. Providing food and drinks other than breast milk can have negative impacts, one of which is an increased risk of diarrhea. Babies who are given early MP-ASI have difficulty fulfilling their nutrition, increasing the risk of diarrhea, lack of protection, and increased risk of allergies. One of the factors that can influence the provision of early complementary feeding is the mother's education level because the level of education will affect the level of knowledge and understanding about the provision of complementary feeding given to babies. In addition, there is also a knowledge factor because the understanding of parents, especially mothers, in caring for children greatly influences the process of providing complementary feeding to their babies[8].

Regarding the statement "It is easier to give formula milk than to give breast milk", the results of the *pretest analysis* showed that 18 respondents (52.9%) did not agree with the statement. This shows that there are still mothers who are not able to respond well to "the importance of giving breast milk rather than formula milk". The fact that mothers still give formula milk to their babies is due to several reasons, for example, breast milk production cannot meet the baby's needs, so mothers combine breast milk and formula milk. According to Escamilla et al. in 2019 quoted by Muthoharoh,in 2021, this can happen because mothers cannot manage lactation and lack social support [11] . Furthermore, the results of the *pretest questionnaire analysis* showed that 26 respondents (76.5%) did not agree with the statement related to "the mother's daily activities hinder the mother from providing exclusive breastfeeding to her baby". This shows that more than half of the respondents have not been able to respond well to the mother's daily activities that affect the breastfeeding process. One of the factors that causes mothers not to provide exclusive breastfeeding to their babies is the mother's job. Mothers who do not work or are housewives will spend more of their daily activities at home. However, housewives have different and many dual roles and activities every day such as cooking, washing, cleaning the house, and so on which are usually done by mothers for more than 8 hours every day [5] .

Pretest questionnaire analysis revealed that more than half of the respondents (64.7%) agreed with the statement "breastfeeding children for 2 years or more can cause children to become spoiled". This shows that more than half of the respondents have not been able to respond well to the importance of providing breast milk until the child is 2 years old. The Indonesian Ministry of Health in 2022 stated that breastfeeding is recommended until the child is 2 years old or more because 20% of the energy needs of babies aged 1-2 years are met from breast milk [12] . Therefore, breast milk must still be given even though the child is 12-23 months old. Breast milk given for 2 years has been proven to make babies healthier because breast milk contains immune substances that can protect babies from various bacterial, viral, parasitic, and fungal infections. In addition, breast milk can also increase intelligence increase affection, and reduce stress, this is because physical contact between the mother and her baby through breastfeeding activities can provide a sense of calm [12] . Seeing the many benefits of breastfeeding, researchers believe that mothers' knowledge regarding breastfeeding should be emphasized when delivering health education so that it can improve mothers' knowledge and practices in breastfeeding their children even though they have started giving complementary foods.

Regarding the results of the *pretest questionnaire analysis*, the researcher assumes that the negative attitude of mothers is due to education factors. This is in line with research that reveals that the attitude of breastfeeding mothers can be influenced by various factors, namely education, family income, occupation, previous experience with breastfeeding, and the intention to breastfeed exclusively [2]. Based on the results of the *posttest* questionnaire

analysis above, it is known that there has been an increase in the attitude of mothers. However, there is still one statement that mothers have not been able to respond to properly, namely the statement related to "daily activities become an obstacle for mothers in providing exclusive breastfeeding to their babies". Regarding this, the researcher assumes that the increase in the attitude of mothers is partly due to the provision of *breastfeeding support group interventions* provided by researchers. This is because KP-ASI can produce knowledge that will form an attitude of belief in carrying out exclusive breastfeeding behavior. The KP-ASI program influences members through various educational activities, such as counseling activities, questions and answers, and delivery of information provided by midwives and KP-ASI motivators in each group. In addition, in KP-ASI activities there is also interaction between members to exchange experiences, both experiences about success and difficulties faced during the breastfeeding process.

Frequency Distribution Analysis of Behavior Before and After Participating *in Breastfeeding Support Group*

The results of univariate analysis of *pretest data on* respondents' behavior regarding breastfeeding showed that 8 respondents had good behavior (23.5%) and 26 respondents had bad behavior (76.5%). The results of the *pretest questionnaire analysis* showed that 20 respondents had bad behavior related to "breastfeeding babies according to the baby's wishes". The breastfeeding process is best done according to the baby's wishes *(on demand)* including at night, done at least 8 times a day. This also affects breast milk production, because the more often the baby breastfeeds, the better the breast milk production, conversely the less often and briefly the baby breastfeeds, the less breast milk production will be [14]. Breastfeeding according to the baby's wishes has several benefits, one of which is reducing infant mortality rates (IMR) [1].

Pretest questionnaire analysis further revealed that 26 respondents had bad behavior towards the statement "breastfeeding the baby on one side of the breast until the baby feels full". This shows that the mother has not been able to behave well during the breastfeeding process which is recommended to use both sides of the breast alternately to support the baby's nutritional needs. In general, babies usually like to breastfeed on one side of the mother's breast, due to several things such as feeling comfortable or differences in the flow and volume of breast milk. Mothers also sometimes choose to breastfeed on one side of the breast for several reasons, such as sore nipples on one side of the breast [19]. The benefits of breastfeeding on one side of the breast are that it can help optimize the baby's growth. This is in line with the results of a study in the *Pediatrics International journal* which states that breastfeeding on one side of the breast allows the baby to get full *hindmilk intake* from one side of the breast. *Hindmilk* is a type of breast milk that comes out at the end of the breastfeeding session which gives the baby high energy and calorie intake. However, when giving breast milk on one side of the breast, it is important to note that it is better if the baby only breastfeeds on one side of the breast during one breastfeeding session and then in the next session the mother uses the other breast to avoid problems occurring during the breastfeeding process.

Based on table 4, it is also known that the results of the univariate analysis of the *posttest data* of the respondents' behavior after being given the intervention were that there were 26 respondents (76.5%) who behaved well in terms of breastfeeding according to the baby's wishes, and there were 18 respondents (52.9%) who behaved badly in terms of breastfeeding only on one side of the breast. Thus, the researcher assumes that, for respondents who behaved well, it was because the respondents already had sufficient knowledge about the breastfeeding process according to the baby's wishes. After all, knowledge is one of the factors that can influence a person's behavior. This knowledge was obtained from the intervention given by the researcher in the form of *a breastfeeding support group*.

Analysis Results Bivariate

Analysis of Differences in Knowledge Before and After Participating in *Breastfeeding Support Group*

The results of statistical tests related to differences in maternal knowledge before and after participating in *breastfeeding support groups* using the *marginal homogeneity* test obtained a significance result of 0.000 where this value is smaller than the *Asymp. Sig value (2-tailed)* or p-value < 0.05, indicates that the null hypothesis (H0) is rejected and the alternative hypothesis (H1) is accepted, which means that there is a difference in knowledge before and after *the breastfeeding support group is conducted.*Knowledge is the result of knowing, and this occurs after sensing a particular object. In this study, researchers provided an intervention in the form of *a breastfeeding support group*. *Breastfeeding support groups* are groups consisting of 6-12 pregnant women and mothers who meet regularly in-home visits to exchange experiences, discuss, and provide support to each other regarding maternal and child health, especially pregnancy, breastfeeding, and nutritional fulfillment. Mothers who participate in *breastfeeding support groups* can obtain information about the breastfeeding process so that they can increase their knowledge. In line with the statement from Hasanah et al., in 2020 that activities in breastfeeding groups can provide more opportunities for breastfeeding mothers to actively participate in health promotion and health education so that mothers not only get information but can also convey obstacles during exclusive breastfeeding so that they can increase maternal knowledge [7] .

According to the researcher's assumption, breastfeeding mothers need support. According to WHO in 2023, all mothers should receive support to start breastfeeding as soon as possible after giving birth [23]. Mothers must receive support so that they can start and be steady in providing breast milk and overcome the difficulties experienced. Furthermore, WHO (2023) stated that mothers must receive training on how to express breast milk as a means to maintain lactation if they have to be separated from their babies, practice responsive feeding, recognize the baby's signals to breastfeed, and respond to these signals. Mothers should also be given information about the prohibition of giving food or fluids other than breast milk unless there is a medical indication. Therefore, it is important to conduct *a breastfeeding support group* to provide support and provide information about breast milk to mothers as one of the efforts to ensure the success of exclusive breastfeeding.

According to the researcher's assumption, the difference in maternal knowledge before and after the intervention was caused by the mother being exposed to a lot of information about breastfeeding. Based on research conducted by Wahyuningsih et al., in 2017, it was stated that the involvement of mothers in breastfeeding support groups had a greater influence on breastfeeding because mothers were exposed to a lot of information about breastfeeding [21]. In addition, in *breastfeeding support group activities*, mothers have the opportunity to convey obstacles during exclusive breastfeeding so that they can increase maternal knowledge.However, for respondents who did not experience an increase in knowledge, the researcher assumed that this was due to the level of education. Based on the results of this study, it is known that there are still respondents whose last education is elementary school and junior high school. This is because the level of education will affect a person's scientific mindset in understanding scientific information with a broader perspective so that the absorption of new information can be received well which increases knowledge [16].

Analysis of Differences in Attitudes Before and After *Breastfeeding Support Group*

The statistical results related to the differences in mothers' attitudes before and after *the breastfeeding support group were conducted* using the *McNemar test* and obtained a significance result of 0.000, where this value is smaller than the p-value (0.05), this indicates that the hypothesis H 0 is rejected and H 1 is accepted, which means there is a difference in attitudes. Before and after *the breastfeeding support group.*

According to Notoatmodjo in 2018, attitude is a readiness to act and not an implementation of a particular motive [24]. Attitude is a predisposing factor towards an action taken by an individual. The researcher assumes that respondents who experienced an increase in attitude were due to the mother's knowledge also increasing after being given an intervention. Knowledge is one of the factors that influence the formation of a person's attitude because if someone has good knowledge, they will also have good behavior. In addition, negative attitudes towards breastfeeding can be caused by other factors, such as the mother's perspective on the *breastfeeding support group program*. This is in line with research conducted by Floris, Irion, Bonnet, Politis Mercier, and de Labrusse in 2018 in Yunitasari et al., in 2019 that mothers who have negative attitudes regarding the breastfeeding support group program can be influenced by the mother's perspective on the group program because attitudes are expressed verbally so that they become opinions about an object [25].

Analysis of Differences in Behavior Before and After *Breastfeeding Support Group*

Research results related to differences in mothers' attitudes before and after *breastfeeding support groups* Using the *McNemar test*, the significance result was 0.000, which is smaller than the p-value (0.05), this indicates that the hypothesis H 0 is rejected and H 1 is accepted, which means that there is a difference in behavior. before and after *breastfeeding support group*. The results of this study are in line with the results of research which revealed that the role of maternal support groups has a significant influence on exclusive breastfeeding behavior because mothers who participate in maternal support groups have a 12.85 times higher chance of providing exclusive breastfeeding than mothers who do not participate [7]. According to Notoatmodjo in 2010 in Loppies and Nurrokhmah in 2021, behavior is a person's reaction or response to stimuli that come from outside or within themselves [10]. The mother's behavior in providing exclusive breastfeeding can be influenced by low knowledge, as well as the mother's attitude[6]. Green in Notoatmodjo in 2007 quoted by Hanafi et al., in 2020 said that a person's behavior can be influenced by age, parity, education, knowledge, work, mass media, family support, and health workers[6] .

According to researchers, respondents who have good behavior after *breastfeeding support groups* because they can absorb the information provided. If the mother has limitations in the thinking and remembering process and a poor perception of the breastfeeding support group program, she will show sufficient and insufficient behavior to follow the program [25]. The lower the mother's absorption of information will also affect the level of knowledge she has. In the results of this study, there was an increase in knowledge, attitudes and behavior of mothers after participating in *breastfeeding support groups*. Good knowledge will make it easier for someone to change attitudes and behaviors including in breastfeeding practices. The behavior of mothers to provide exclusive breastfeeding is caused by behavioral factors, one of which is knowledge, where this factor is the basis or motivation for individuals in making decisions. In addition, for respondents who have bad behavior after participating in *breastfeeding support groups*, researchers assume that this can be influenced by the mother's beliefs regarding the *breastfeeding support group program*. According to research by Yunitasari in 2019, if the mother has strong beliefs or beliefs regarding a program, the behavior that is formed will also be better than mothers who have low beliefs[25].

CONCLUSION

The characteristics of respondents in the study showed that more than half of the respondents were aged 26-35 years (58.8%) and had a high school education history (64.7%). In addition, it was also known that the majority of respondents were unemployed (85.3%). The results of the study on the attitude variable showed that before the intervention, 18 respondents (52.9%) had a positive attitude. While after the intervention, 34 respondents (100%) had a positive attitude. Furthermore, the results of the study on the behavior variable showed that before the intervention, 8 respondents (23.5%) had good behavior. While after the intervention, 14

respondents (41.2%) had good behavior. Bivariate analysis showed that there were differences in knowledge, attitudes, and behavior before and after the breastfeeding support group (p-value < 0.05).

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